

Chambers

P95000012149

Chambers
5840 Sheld
W.P. F. 32792

(Address)

407-332-1904

(City, State, Zip)

(Phone #)

1-800-451-1058
1-800-451-1058
1-800-451-1058

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) _____ (Document #) _____
2. _____
(Corporation Name) _____ (Document #) _____
3. _____
(Corporation Name) _____ (Document #) _____
4. _____
(Corporation Name) _____ (Document #) _____

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 27, 1995

DEBRA L CHAMBERS
5840 SHALE CT
WINTER PARK, FL 32792

SUBJECT: CHAMBERS CHIROPRACTIC, P.A.
Ref. Number: W95000001955

We have received your document for CHAMBERS CHIROPRACTIC, P.A., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	\$52.50
Total Fee Due	\$122.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 295A00003541

Articles of Incorporation of Chambers Chiropractic.

FILED
JUL 13 1980
CLERK OF COURT
JUL 13 1980

ARTICLE I-NAME

The name of this professional service corporation is CHAMBERS CHIROPRACTIC, P.A. And the principal business address of the corporation is: 499 E. Central Parkway suite 215 Altamonte Springs Florida, 32701.

ARTICLE II- DURATION

This professional service corporation shall have perpetual existence commencing on the date of the filing of the Articles with the Department of State.

ARTICLE III- PURPOSE

This corporation is organized for the specific purpose of rendering Chiropractic and rehabilitative services to the public.

ARTICLE IV- CAPITAL STOCK

This corporation is authorized to issue 1,000 shares of no par value common stock which shall be designated "common shares."

ARTICLES V- SHAREHOLDERS

Only an individual or group of individuals duly licensed or otherwise legally authorized to render the services of a Chiropractic physician within the State of Florida shall become a shareholder in this professional service corporation.

ARTICLES VI- INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this professional service corporation is 499 E. Central Parkway Suite 215 Altamonte Springs, FL 32701. And the name of the initial registered agent of this corporation is Debbie Chambers, D.C.

ARTICLES VII- INITIAL BOARD OF DIRECTORS

This corporation shall have one director constituting the initial Board of Directors. The number of directors may be either increased or decreased from time to time by the bylaws of this corporation. The names and addresses of this corporation are;

NAME

ADDRESS

Debra L. Chambers

5840 Shale Ct.
Winter Park, Florida 32792

ARTICLE VIII- INCORPORATORS

The name and address of each person signing these Articles are:

NAME

ADDRESS

Debra L. Chambers

5840 Shale ct.
Winter Park, Fl. 32792

ARTICLE IX- INDEMNIFICATION

This professional service corporation shall indemnify any officer or director, and any former officer or director, to the fullest extent permitted by law.

ARTICLE X- AMENDMENT

This professional service corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Corporation on this 23rd day of January 1995.

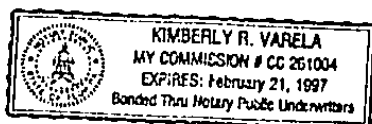

DEBRA L. CHAMBERS D.C.

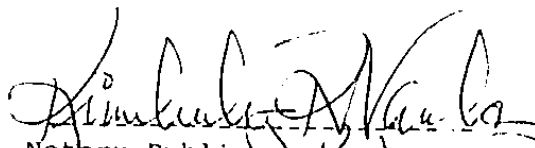
As incorporator and accepting designation as registered agent.

STATE OF FLORIDA
COUNTY OF ORANGE

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared DEBRA L. CHAMBERS, D. C., known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 23rd day of January 1995.




Notary Public Kimberly R. Varela
My commission expires: 2/21/97